

# Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

	e of Facility mer, Walter Residence - W Bau	mer		
	ity Address 67 Murrock Drive			
Sea	ford, DE 19973			
	facility located within the PJM co does the Facility have import cap		☑ Yes □ Yes	□ No □ No
_	te of Owner ter Baumer			
272	ing Address 67 Murrock Drive ford, DE 19973			
Phone	302-228-8282	_ Fax		
Email_	walt13@mail.com			
	e of Operator			
Mail	ing Address			
Phone	:	Fax		
Fmail				

5. Name of Contact Person Allyson Browne, SRECTrade, Inc.	
Mailing Address	_
201 California Street, Suite 630	
San Francisco, CA 94111	
Phone 877-466-4606 Fax 732-453-0065	_
Email applications@srectrade.com	
6. Name of REC/SREC Owner same as owner	
Mailing Address	
Phone Fax	
Email	_
7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:	_
8. Operational Characteristics:	_
Fuel Types Used (check all that apply):	
☐ Gas combustion from the anaerobic digestion of organic material	
☐ Geothermal	
☐ Ocean, wave or tidal actions, currents, or thermal differences	
☐ Qualified Biomass <sup>i</sup>	
☐ Qualified Fuel Cells <sup>ii</sup>	
☐ Qualified Hydroelectric <sup>iii</sup>	
☐ Qualified Methane Gas captured from a landfill gas recovery system <sup>iv</sup>	

	☑ Solar
	☐ Wind
	If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS)n/a
	Rated Capacity (in megawatts) 0.014 MW
	If multiple fuel types are utilized, attach the formula for computing the proportion of output per fuel type by megawatts per hour generated.
	Facility Final Approved Interconnection Date 7/22/15
	If co-firing with fossil fuels, co-fire start date_n/a
	If co-firing with fossil fuels, attach the allocation formula on file with PJM.
9.	. Is the Applicant's facility customer-sited generation <sup>v</sup> ? ☑ Yes ☐ No
	Is the Applicant's facility a community owned generating facility <sup>vi</sup> ? ☐ Yes ☑ No
	Can the output from the customer-sited generation be appropriately metered?  ☑ Yes □ No

l, <u>Allyson Browne</u>	(print name) h	ereby certify under	penalty of perjury that
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- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signatu	ıre:	ally	son	Browne	
_		0			
Date:	9/28	8/2015			



# PART 2

## DELAWARE LEVEL 2, 3, & 4 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Generator Facilities Greater than 10 kW and Less than or Equal to 2 MW)

(Final Agreement —must be completed after installation and prior to interconnection)

#### **Certificate of Completion**

INTERCONNECTION CUSTOMER CONT.	ACT INFORMATION
Custemer Name: Walter Baumer	·
Mailing Address: 27267 Murrock Drive	
City: Seaford State	e: DE Zip Code: 19973
Telephone (Daytime): 302-228-8282	(Evening):
Facsimile Number:	E-Mail Address: walt13@mail.com
FACILITY INFORMATION	
Facility Address: 27267 Murrock Drive	
City: <u>Seaford</u> Si	zie: <u>DE</u> Zip Code: <u>19973</u>
DPL Account # of Facility site: 5500 540	1 249
Energy Source: Photovoltaics Pri	me Mover: Photovoltaics
DC Nameplate Rating: 14 (kW) 14000 (kVA) Design Capacity: 12 (kW) 12000 (kVA)	(kVA), AC Inverter Rating 12 (AC kW), AC System
Generator (or PV Panel) Manufacturer, Mo	del #: SolarWorld 280w MONO BLACK
Inverter Manufacturer: Fronius	
Number of Inverters: 2	
-	
<b>EQUIPMENT INSTALLATION CONTRAC</b>	TOR Check if owner-installed
Name: Alutech United Inc	
Mailing Address: 117 Dixon st	
City: Selbyville	State: DE Zip Code: 19975
Telephone (Daytime): 800-233-1144	(Evening): 302-841-9059
Facsimile Number: <u>302-436-5100</u>	E-Mail Address: derek@ecshutters.com

### FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below. Signed: (Signature of interconnection customer) Walter Baumer Type of Application: New/Initial Growth/Increase System Capacity Check if copy of signed electric inspection form is attached (required) Check if copy of as built documents is attached (projects larger than 10 kW only) ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only) The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC: Electric Distribution Company waives Witness Test? (Initial) Yes, If not waived, date of successful Witness Test: **EDC Signature** 

DE Level 2, 3, & 4 Interconnection application/agreem

First State Inspection Agency, Inc. 1001 Mattlind Way Milford, DE 19963

> 1-800-468-7338 302-422-3859

Alutech United, Inc. James Rodrigue PO Box 329 Selbyville, DE 19975

#### CERTIFICATE

Final Inspection Date:

Application #:

Owner:

Customer Job #:

Occupancy:

Location:

Baumer

Sol

Brook Drive, Seaford, Sussex Co., DE 272

This certifies that the installation of electrical equipment listed on referenced application has been approved as meeting the requirements of the National Electric Code, utility municipalities and Agency rules. Any modification, addition or alteration of the electrical system, after the date of final inspection, will require a new application troping sections and certifications.

Chief Electrical Inspector

F.S. CERT

	ar or wind sited in Delaware, is a minimum of energy equipment, inclusive of mounting aware?
Alutech United, Inc  Company Name of Installer	Signature of Company Representative
Address Selhyville, DE 19975 Address	Print Name of Co. Representative
facility identified  o If the supplier's invoice shows the company's matching PO th used/installed, must also be so o If using a master invoice, a rec	only a coded Purchase Order (PO) number, a copy of nat includes the address where the materials were
<ul> <li>11. If the Applicant's installation is so</li> <li>a. Was the facility physically co-consists of at least 75% Delay</li> <li>☐ Yes*</li> <li>☐ No</li> </ul>	nstructed or installed with a workforce that
b. Does the installing company who are Delaware residents?	employ, in total, a minimum of 75% workers
■ Yes* □ No	
Alutech United, Inc.	TI X
Company Name of Installer	Signature of Company Representative
117 Dixon Street	Derek Dykes
Address Selbyville, DE 19975	Print Name of Co. Representative
Address	

<sup>\*</sup>If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

#### **Documentation Required for Delaware Labor/Workforce Bonus**

- 11. If the Applicant's installation is solar or wind sited in Delaware:
  - b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

Alutech United,	inc. DBA Gre	een Street Solar
		Installation Company Name
project start date unti	il project complet	t EVERY employee on the payroll during the period from tion date). Projects are considered complete upon final Attach additional sheets if necessary)
Project Start Date:	7/6/18	Project Complete Date: 7/22/15

Employee Full Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits Only)
*See Attachment		

Total Delaware Resident Employees:	20	Total Number of Employees:	
% of Delaware Residents (Delaware Resi	idents Div	vided by Total Employees):77%	

	NAME	STREET ADDRESS	CITY	ST	ZIP	SS#
1	Jason Roth		Laurel	DE	19956	90
2	Jason Killen		Frankford	DE	19945	18
3	Brian Reed		Georgetown	DE	19947	00
4	George Carey		Selbyville	DE	19975	69
5	Dustin Brittingham		Georgetown	DE	19947	01
6	George Pfaller		Georgetown	DE	19947	48
7	W. Jeffrey Timmons		Rehoboth Beach	DE	19971	52
8	James Webb		Harrington	DE	19952	63_
9	Donnie Baker		Laurel	DE	19956	60
10	Adam Ash		Frankford	DE	19945	24
11	Derek Dykes		Laurel	DE	19956	74
12	Aaron Woods		Seaford	DE	19973	25
13	Alfred Bangert		Laurel	DE	19956	92
14	Daniel Fleetwood		Frankford	DE	19945	68
15	Richard Gedon		Selbyville	DE	19975	24
16	David Linehan		Millsboro	DE	19966	85
17	Michael Haymond		Greenwood	DE	19950	01
18_	John Basch		Salisbury	MD	21801	96
19	Russell Pfaller		Pittsville	MD	21850	98
20	Lisa Bloom		Ocean City	MD	21842	.74
21	Mark Caldwell		Ocean City	MD	21842	20
22	Richie Wright		Salisbury	MD	21801	40
23	Jose Cordoba		Frankford	DE	19945	42
24	Antione Johnson		Seaford	DE	19973	29
25	Erik Diaz		Ocean City	MD	21842	15
26	Victor Martinez-Taylor		Selbyville	DE	19975	42

The street addresses and the leading 2 digits of the last four digits of each employee have been redacted to preserve the confidentiality of these employees, in accordance with the amended protocol for EER applications.